



**Testimony of Connecticut Children's Medical Center
to the Public Health Committee regarding
HB 5460 *An Act Concerning the Administration of Glucagon in Schools*
March 2, 2016**

Senator Gerratana, Representative Ritter, members of the Public Health Committee, thank you for the opportunity to share my thoughts about HB 5460 *An Act Concerning the Administration of Glucagon in Schools*. I am Julie Pedersen, a certified diabetes educator from the Division of Endocrinology at Connecticut Children's Medical Center. I have worked with Children and their families with Type 1 Diabetes for 11 years. I am also an advocate and educator providing support and education throughout our state to care providers in the school, daycare, camp, group home, and other hospitals to ensure everyone who takes care of children with diabetes are well equipped to manage the day in and day out tasks associated with Type 1 diabetes. I am submitting this testimony in support of this bill.

Connecticut Children's is a nationally recognized, 187-bed not-for-profit children's hospital serving as the primary teaching hospital for the University of Connecticut School of Medicine Department of Pediatrics. Connecticut Children's is consistently named among the best in the nation for several of its pediatric specialties in the annual *U.S. News & World Report* "Best Children's Hospitals" rankings.

A comprehensive array of pediatric services are available at our hospitals in Hartford and Waterbury, with neonatal intensive care units in Hartford (Level 4) and the University of Connecticut Health Center (Level 3), along with a state-of-the-art ambulatory surgery center, five specialty care centers and 10 practices across the state and in Massachusetts. Our Level 1 Pediatric Trauma Center and Primary Care Center are the busiest between Boston and New York. Connecticut Children's has more than 2,400 employees with a medical staff of nearly 1,100, practicing in more than 30 subspecialties.

If the State of Connecticut wants to maintain access to the full spectrum of pediatric health care services for all of its children, there must be a relationship between Medicaid cost coverage for the services Connecticut Children's provides and Medicaid volumes. While the number of children served by Connecticut Children's has risen, Medicaid cost coverage has decreased since 2008 from 91% to a projected

65% in 2016. This has resulted in Connecticut Children's Medicaid shortfall increasing from \$7.6 million to \$65 million per year during the same time period.

Connecticut Children's has taken its commitment to promoting children's healthy development to a new level through the establishment of the Office for Community Child Health (OCCH). Social determinants—the circumstances in which people live and work—powerfully affect health. In fact, social and environmental factors are estimated to have twice the impact on the overall health of individuals as does the health care they receive. OCCH has embraced a broader definition of community benefit that includes community-building activities. Indeed, even a cursory review of our community-oriented programs reveals the extent to which they address such social determinants of health as housing (e.g., Connecticut Children's Healthy Homes), community safety (e.g., Injury Prevention Center), and early childhood development (e.g., *Help Me Grow*® National Center). OCCH helps the Medical Center make our children healthier through community based prevention and wellness.

As an individual loses the ability to make their own insulin, like those with diabetes; so does the body lose the ability to make the counter regulatory hormone glucagon. This hormone raises the level of glucose in the blood.

Glucagon and Insulin are made by our body, in our pancreas, constantly throughout the day to keep our blood sugars in perfect balance. Those living with diabetes are constantly needing to “think like a pancreas”, and yet despite the best education, tools, technology, and medications currently available dangerously low (and high) blood sugars can still occur. Emergency intervention needs to occur immediately, without delay, to prevent further complications or death.

Most children with diabetes are self managing many of the daily tasks of living with diabetes, like checking blood sugar, treating mild low blood sugar, taking insulin via injection or pump, treating high blood sugars, and balancing the impact of food, physical activity and stress. But an individual can not intervene on their own when experiencing a severe low blood sugar. Everyone who uses insulin should have access to glucagon emergency kit on hand at all times to treat severe low blood sugar.

We are fortunate in the state of Connecticut to have school nurses available in most schools, most of the time. But Children with diabetes have the right to access all school related activities, functions, programs, field trips, etc.

In 2012, when CT legislation passed the bill allowing school non-medical staff to be trained to administer this life saving medication in the event that a nurse was not available that was a huge step forward for Children with Diabetes in CT.

However, despite this Bill, many children with diabetes have continued to not receive equal and fair access due to the “voluntary” nature of the bill.

I think everyone here can agree that Glucagon treatment requires the operator to be composed, confident, and competent in the whole procedure. All of these things are attainable through proper education and reeducation. Bill No 5460 is not denying that. CT needs to now take the next step forward and make Glucagon for non-medical staff “mandatory” as it already has for other life-saving measures like Epipen, CPR, and AED. Thank you for your time.

We would be happy to serve as a resource for you as you debate this proposed legislation.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children’s Director of Government Relations, at 860-837-5557.